

Arlington Council on Aging  
27 Maple Street  
Arlington, MA 02476  
781-316-3400



## ELDERLY AND DISABLED TAX RELIEF FUND APPLICATION FY 2021

### Requirements:

- You must be 60 years or older as verified by a government issued photo ID OR
- Have a state recognized disability  
AND
- You must meet income eligibility requirements: **\$58,000 (Single), \$73,000 (Head of Household), \$88,000 (Filing Joint)**  
**available assets** may not exceed **\$100,000**.
- You must pay your tax bill even if you complete this application.
- Application is due **by January 31, 2021**

### Program Information:

Application period is from September 1, 2020 - January 31, 2021

The Committee will meet to review applications in April and decisions will be mailed to applicants by April 15, 2021.

If funding will be granted, a reduction will be made on Quarter 4 property tax bill.

The funds available are based on donations made by residents in any given year.

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Property Owner(s): (Name(s) as appears on your tax bill) \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

How long have you resided at this address? \_\_\_\_\_

How long have you lived in Arlington? \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work/Cell Telephone: \_\_\_\_\_

Are you disabled? Yes \_\_\_\_\_ No \_\_\_\_\_.

If yes, what is your SSDI number? \_\_\_\_\_

Have you ever applied for or received any exemption for your tax bill? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list when: \_\_\_\_\_

## ELDERLY AND DISABLED TAX RELIEF FUND APPLICATION FISCAL YEAR 2021

**Please complete the following chart for all those who reside at this address in addition to applicant**

| Name | Date of Birth | Retired | Working | Unemployed |
|------|---------------|---------|---------|------------|
|      |               |         |         |            |
|      |               |         |         |            |
|      |               |         |         |            |

**From the following list, please fill in those areas where you and all members of your household, 18 years and older obtain income.**

| Type of Income                             | Monthly |
|--|---------|
| IRS 1099 Form (Int, Div, Misc)             | \$      |
| W2 Forms                                   | \$      |
| Trust Income                               | \$      |
| General Assistance (SNAP, Fuel Assistance) | \$      |
| Social Security                            | \$      |
| SSI  | \$      |
| Unemployment                               | \$      |
| Pension                                    | \$      |
| VA Benefits                                | \$      |
| Alimony/Child Support                      | \$      |
| Property Tax Work Off                      | \$      |
| SSDI                                       | \$      |
| Other :                                    | \$      |
| Other:                                     | \$      |

**Total Monthly Income:** \$ \_\_\_\_\_

**Please list other assets. For example: checking, savings 401(k) plans, stocks, certificates of deposit, and other real estate owned**

[illegible]

## ELDERLY AND DISABLED TAX RELIEF FUND APPLICATION FISCAL YEAR 2021

How many automobiles do you own? \_\_\_\_\_ Please list below.

| Automobile | Year | Make | Registered | Unregistered |
|------------|------|------|------------|--------------|
| 1          |      |      |            |              |
| 2          |      |      |            |              |
| 3          |      |      |            |              |

Please list your expenses for a typical month

| Expenses                               | Monthly |
|--|---------|
| Monthly Mortgage                       | \$      |
| Home Insurance                         | \$      |
| Electric                               | \$      |
| Gas                                    | \$      |
| Heating Oil                            | \$      |
| Water/Sewer                            | \$      |
| Cable/Internet                         | \$      |
| Phone(s)                               | \$      |
| Medical (insurance and other expenses) | \$      |
| Prescriptions                          | \$      |
| Life Insurance                         | \$      |
| Automobile (gas, loan, insurance)      | \$      |
| Food                                   | \$      |
| Clothing                               | \$      |
| Entertainment                          | \$      |
| Credit Card Payments                   | \$      |
| Other                                  | \$      |
| Other                                  | \$      |
| Other                                  | \$      |
| Other                                  | \$      |

**Total Expenses** \$ \_\_\_\_\_

# ELDERLY AND DISABLED TAX RELIEF FUND APPLICATION FISCAL YEAR 2021

## Other Information

If you would like to provide any additional comments on why you are seeking assistance with your tax bill, please include a brief description of your situation below (attach additional sheets if necessary).

[illegible]

The information provided in this application is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Attention: Owners of Property in Trust: Trust ownership arrangements may affect qualification for assistance. As a general rule, an applicant must be a trustee and a beneficiary, and submit with the application:

1. A copy of the recorded trustee's certificate;
2. A copy of the trust instrument including amendments; and
3. A copy of the schedule of beneficiaries.